| Revision | HCFA-PM-91-4 AUGUST 1991 | (BPD) | ATTACHMENT 4.18-D Page 1 OMB No.: 0938- | | | | | | | |
|---|-----------------------------|---------------------|--|--|--|--|--|--|--|--|
| | STATE PLAN UN | NDER TITLE XIX OF T | THE SOCIAL SECURITY ACT | | | | | | | |
| | State/Territory | /: OHIO | | | | | | | | |
| | Premiums Impose | ed on Low Income Pr | regnant Women and Infants | | | | | | | |
| A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act: | | | | | | | | | | |
| N/A | | | | | | | | | | |
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| | | | | | | | | | | |
| for | premium payment, | notification of th | d is as follows (include due date e consequences of nonpayment, and ver of premium payment): | | | | | | | |
| N/A | | | | | | | | | | |
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| *Descrip | otion provided on | attachment. | | | | | | | | |
| TN No. Supersec | 91-21 les Approval | Date 1-/6-92 | Effective Date 10-1-91 | | | | | | | |
| TN No. | NEW | | HCFA ID: 7986F | | | | | | | |

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|-----|----------------------|-------------------------------------|----------|------------------------|--------------------------|--------------------------------|-----------------------------|-----------------------|
| | | STATE | PLAN UNI | DER TITLE | XIX OF TH | E SOCIAL SEC | URITY ACT | |
| | | State/Te | erritory | | OHIO | | | |
| c. | State | or local | funds u | nder othe | r programs | s are used to | pay for pre | em i sa |
| | <u></u> | Yes | | | / No | | | |
| | N/A | | | | | | | |
| D. | a pre | riteria u mium beca ibed belo | use it w | determini ould caus | ng whether e an undue | the agency hardship on | will waive p an individu | oayment of aal are |
| | N/A | | | | | | | |
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| *De | script | ion provi | ded on a | ttachment | | | | |
| Sup | erse de : | 31-21 s Ap | proval D | ate | 16-92 | Effective | Date 10-1-9 | 91 |
| TN | No. <u>N</u> | 1EM | | | | | 70065 | |

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